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69713 7590 November 19, 2009

Occhiuti Rohlicek & Tsao LLP 10 Fawcett Street Cambridge, MA 02138

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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,995	October 4, 2006	Mizhou Hui 50046-003US1		7230

TITLE OF INVENTION: Chimeric Polypeptide And Use Thereof

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	Yes	\$755	\$300	\$1055	02/19/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
Robert S. landsman	1647	530-350000

- 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
 -] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1. Occhiuti Rohlicek & Tsao LLP
- 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Amprotein Corporation

Camarillo, CA

Please check the appropriate assignee category or categories (will not be part 4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies	brinted on the patent): [] individual [X] corporation or other private group entity [] government 4b. Payment of Fee(s): [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-4189 (enclose an extra copy of this form).
Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.	[]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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(Authorized Signature)

Typed or Printed Name Jianming Hao, Ph.D., J.D.

R-12-20/8 (Date) _

Registration No._ 54,694

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